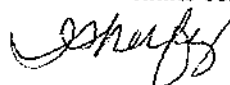


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 06/19/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445268	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 06/16/2014
NAME OF PROVIDER OR SUPPLIER LEBANON HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 731 CASTLE HEIGHTS COURT LEBANON, TN 37087		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 147 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to ensure electrical equipment was in compliance with NFPA 70, National Electrical Code. 9.1.2.</p> <p>The finding included:</p> <p>Observation on 6/16/14 at 11:14 AM revealed storage within 36 inches of the electrical panels in the outdoor closet containing the transfer switches. NFPA 70 110-26(a)</p> <p>This finding was acknowledged by the maintenance director and the facility administrator during the exit conference on 6/16/14.</p>	K 147	<p>K147 SS=D Life safety code standards</p> <p>Facility ensures electrical wiring and equipment is in accordance with NFPA 70.</p> <p><u>Residents Affected/Potentially Affected by the Cited Deficient Practice:</u> No specific residents were identified.</p> <p><u>Identification of Other Residents Potentially Affected:</u> Resident residing in the facility have the potential to be affected by this alleged deficient practice</p> <p><u>Measures/Systemic Changes Implemented:</u> Audit electrical room for storage weekly X4 then monthly x2 by Maintenance Director All storage removed from electrical room by Maintenance Director 6-19-14. <i>Sheep</i> 7-31-14</p> <p><u>Monitoring:</u> These findings will be presented in the monthly Quality Assurance Committee monthly x3 months which is attended by the Executive Director, Director of Nursing, Medical director, Social Services, Activity Director to determine compliance.</p>		
K 211 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Where Alcohol Based Hand Rub (ABHR) dispensers are installed in a corridor:</p> <ul style="list-style-type: none"> o The corridor is at least 6 feet wide o The maximum individual fluid dispenser capacity shall be 1.2 liters (2 liters in suites of rooms) o The dispensers have a minimum spacing of 4 ft from each other o Not more than 10 gallons are used in a single smoke compartment outside a storage cabinet. o Dispensers are not installed over or adjacent to an ignition source. o If the floor is carpeted, the building is fully sprinklered. 19.3.2.7, CFR 403.744, 418.100, 460.72, 482.41, 483.70, 483.623, 485.623 	K 211	<p>K211 SS=D Life safety code standards</p> <p>Facility ensures all alcohol based hand Rub dispensers are installed per standards.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Shane Sheep</i>			TITLE <i>Administrator</i>		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 211	Continued From page 1 This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to ensure Alcohol Based Hand Rub (ABHR) dispensers were not installed over or adjacent to an ignition source. The finding included: Observation on 6/16/14 at 10:45 AM revealed ABHR dispensers installed overnight lights in resident rooms 207 and 304. This finding was acknowledged by the maintenance director and the facility administrator during the exit conference on 6/16/14.	K 211	<u>Residents Affected/Potentially Affected by the Cited Deficient Practice:</u> No specific residents were identified. <u>Identification of Other Residents Potentially Affected:</u> Resident residing in the facility have the potential to be affected by this alleged deficient practice <u>Measures/Systemic Changes Implemented:</u> Room 207 and 304 hand dispensers were Moved to meet standards by Maintenance Director 6-19-14. 100% audit of facility completed by Maintenance Director on 6-19-14. <u>Monitoring:</u> These findings will be presented in the Quality Assurance Committee which is attended by the Executive Director, Director of Nursing, Medical director, Social Services, Activity Director to determine compliance. 	7-31-14	



7-2-14